

Creating Healthy Lives: A Lesbian, Bisexual, Transgender Women's Health Conference

If there will be more than one presenter, please copy and complete all contact and demographic information for EACH presenter (this form can accommodate up to four presenters). Designate a primary contact for the proposal. Only the primary contact will receive a confirmation from the conference committee. It is the primary contact's responsibility to contact and organize with all co-presenters. All presenters must submit a current curriculum vitae, resume or biography (this can be mailed to the Lesbian Community Cancer Project).

Primary Contact: _____

Position/Title/Degree/Experience:

Work/Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Fax number: _____

Gender : _____

Race/Ethnicity: _____

Do you need child care? yes no

If yes, for how many children? ___ Age(s)?: _____

Do you require adaptive devices/accommodations?: yes no

If yes, please describe: _____

Do you require translation services? yes no

If yes, please describe: _____

Number of Co-Presenters: _____

Presenter #2 (if applicable):

Name: _____

Position/Title/Degree/Experience:

Work/Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Fax number: _____

Gender : _____

Race/Ethnicity: _____

Do you need child care? yes no

If yes, for how many children? ___ Age(s)?: _____

Do you require adaptive devices/accommodations?: yes no

If yes, please describe: _____

Do you require translation services? yes no

If yes, please describe: _____

Presenter #3 (if applicable):

Name: _____

Position/Title/Degree/Experience:

Work/Affiliation: _____

Presenter #3 (continued):

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Fax number: _____

Gender : _____

Race/Ethnicity: _____

Do you need child care? yes no

If yes, for how many children? ___ Age(s)?: _____

Do you require adaptive devices/accommodations?: yes no

If yes, please describe: _____

Do you require translation services? yes no

If yes, please describe: _____

Presenter #4 (if applicable):

Name: _____

Position/Title/Degree/Experience:

Work/Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Fax number: _____

Presenter #4 (continued):

Gender : _____

Race/Ethnicity: _____

Do you need child care? yes no

If yes, for how many children? ___ Age(s)?: _____

Do you require adaptive devices/accommodations?: yes no

If yes, please describe: _____

Do you require translation services? yes no

If yes, please describe: _____

Title of Presentation:

Please attach a Program/Workshop Description (200 words or less).

Estimated Time Span: _____

Program Learning Objectives: Please provide three learning objectives for your presentation. They must clearly state what information, insight or skills you would like others to leave the session with.

At the end of the presentation, participants will:

- 1.
- 2.
- 3.

Program style: Please indicate one

- Lecture Interactive/Discussion Network building/Working Meeting

Audio/Visual Requirements: Please indicate what you need (NOTE: We cannot guarantee electronic equipment for all presentations but we will make every effort to accommodate you).

- Flip Chart VCR/Monitor Slide Projector/Screen Overhead Projector/Screen

Other: _____

Return this by:

U.S. Postal Service to:

LCCP
Conference Planning Committee
4753 N Broadway STE 602
Chicago, IL 60640

or e-mail to: *LBTWHCprogram@uic.edu*